SAN DIEGO COUNTY ADMINISTRATION CENTER FACILITY USE APPLICATION

Applicant/Organization	1:			Nonp	profit Corp.: Y/N
Contact Person:		Phone:	()	Fax:	()
Street:			E-mail Addres	s:	
City:			State:	Zip: _	
Event Title:					
Event Date:		_	Total Anticipa	ited Attendance	e:
Actual Event Hours:	Begin:	am / pm	End:	am / pm	
Set Up (if any):	Date:			Time: _	am / pm
Dismantle (if any):	Date:			Time: _	am / pm
Circle the area you are	requesting to u	se:			
east plaza	west plaza	north parking lot	south p	arking lot	room in tower
other (specify)):				
Describe the Event or	Use:				
Will items such as ser		verages be sold or p			Yes / No
Portable toilets may be minimum of one (1) Al	e required for ou DA accessible po	tdoor events. If this ortable toilet will be r	requirement is equired.	applicable to y	our request, a
Number of po	rtable toilets to b	e provided:	(one for e	very 250 peop	le)
Number of po	rtable ADA acce	ssible toilets to be pr	ovided:	(10% of	f total toilets)

You must properly dispose of all waste and garbage generated durir conclusion of the event, you must return the area to a clean conditio from County property. Describe your plan for clean-up and removal the event:	n by removing all waste an	d garbage
Describe your plan for crowd control and security:		
Will there be any musical entertainment at your event? If yes, explain:		Yes / No
Will sound amplification be used? If yes, explain:		Yes / No
Will there be any signs, banners, decorations, special lighting? If yes, explain:		Yes / No
Describe your parking plans for the event:		
	Title:	_

This signed application and supporting documents (if any) must be provided to:

Clerk of the Board Facility Services County Administration Center 1600 Pacific Highway, Room 402 San Diego, California 92101 Facsimile: (619) 685-2259

Should you have questions, please call: Clerk of the Board at (619) 531-5600